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Attn: Public Health Committee, Connecticut House of Representatives

This Letter Indicates that I OPPOSE 5326.

To the Honorable Members of the Public Health Committee,

I write today to urge you to oppose H.B. 5326 and harm it would bring to the people of Connecticut, especially those who are vulnerable and in greatest need of support and care. I am a bioethicist and public policy scholar with a Ph.D. in Public Administration and Policy from the University of North Texas, and I specialize in public health policies that govern end-of-life decisions. My work on this particular issues has been published in many venues, most recently in *The Public Discourse*. This is why I can assure you from my own studies and reviews of academic literature that the legalization of active, voluntary euthanasia through physician assisted suicide will usher in considerable harm for your state.

In late 2012, I conducted a thorough literature review that scoured academic studies on the effects of physician assisted suicide (PAS). The goal was to learn the consequences to states which have legalized this practice (specifically Oregon and Washington) in order to determine the actual costs and benefits with which to compare to claims by both PAS proponents and opponents alike. Opponents cited fears of poor end-of-life care, elder abuse and misdiagnosis- all of which have been vindicated by research. Predictions that legal PAS may lead to coaxing and coercing unwilling patients toward ending their lives by limiting or denying palliative care have been confirmed by reports of incidents where terminally ill citizens were told by state medical plan authorities that they would not pay the cost of pain-control, but would cover the cost of their suicides. While spending for palliative care has increased, one study indicated that 24% of patients who chose PAS reported that they did not have adequate finances to cover expenditures for medical care and equipment, in spite of the fact that 98% of respondents had health insurance. Pressure on patients to end their lives for the benefit of others has been established in Oregon and Washington in study after study, which found patients choosing PAS did not report a higher quality of death than those dying naturally, but caregivers sometimes did. Additional research also found that caregivers of patients in both Oregon and Washington who ended their lives by PAS were themselves suffering from substantial financial and health-related harms, and although respondents claim that none of these factors was associated with the decision to end the patient's life, Washington State reported in 2011 that over half of respondents choosing PAS mentioned "concerns about being a burden" as a reason for choosing to take their own lives.

There is also the reality of patient misdiagnosis and the possibility of treatable depression. A review of ~~studies~~studies also determined that physicians' medical diagnoses were often incorrect, both in declaring a patient to have a terminal condition and estimating their life expectancy at six months or fewer. Another study of physicians who were willing to prescribe the lethal dose found that 27% were not confident that they could determine if a patient only had six months or fewer to live. A prognosis of only six months equals 180 days maximum, and yet Oregon's report indicates the number of days between writing the lethal prescription and the patient's actual death ranged from zero to 698 days (nearly two years). One report discusses a PAS opponent from Oregon who was told that she had only six months to one year to live; today, over 11 years later, she is still alive. There is also substantial evidence that many patients opting to end their lives suffer from treatable depression and physicians report that patients for whom interventions were made (like treating depression) were more likely to change their minds about wanting to end their lives. One analyst, after examining Oregon's most recent annual report found that physicians who prescribe the lethal medications are failing to refer for necessary psychiatric evaluations of patients, many of whom might reconsider suicide if properly treated. This prompts the question of how many people freely choose PAS or are pressured into the decision by negative circumstances, especially circumstances for which there is some or complete relief.

Furthermore, new studies have emerged since my last literature review regularly that show negative consequences to society that opponents had not yet fathomed. For example, exposure to suicide leads to an increase in the likelihood of suicide (a phenomenon known as "suicide contagion") which was confirmed in this study released in 2013 and suggests that acceptable PAS may contribute to an increase in suicides among even those who are not ill and not facing the natural end of their lives.

PAS is an act condemned by the medical community and deemed devastating through scientific studies and my review of these articles fail to suggest any benefits of PAS, but rather have uncovered scores of negative consequences in those states that have this practice. I urge you to take these states as a cautionary tale and vote against H.B. 5326 and its attempt to legalize physician-assisted suicide, for the sake of the citizens of Connecticut who are vulnerable and in most need of protection from the effects of legalized euthanasia.

Sincerely,

Jacqueline C. Harvey, Ph.D., M.S.S.W.